



415 Hepplewhite Dr.
Johns Creek, GA 30022
770-649-1886 / fax 770-645-6545
www.bodamer.com

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

July 1, 2014

Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Thacker-Grigsby Telephone Company
Study Area Code 260419

Dear Secretary Dortch:

On behalf of Thacker-Grigsby Telephone Company, attached are confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. Thacker-Grigsby Telephone Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.

In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan

The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

A handwritten signature in black ink that reads "Eileen M. Bodamer". The signature is fluid and cursive, with the first name "Eileen" and last name "Bodamer" clearly distinguishable.

Eileen M Bodamer, Consultant to Thacker-Grigsby Telephone Company
770-649-1886
Eileen@Bodamer.com

Enc.

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)



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July 1, 2014

Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Thacker-Grigsby Telephone Company
Study Area Code 260419

Request for Confidentiality

Dear Secretary Dortch:

Pursuant to 47 C.F.R. §§ 0.457 and 0.459 of the Commission's rules, that allows for the withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement, please accept this letter on behalf of Thacker-Grigsby Telephone Company (the "Company") seeking confidential treatment of its Five-year Build Out Plan and Narrative.

- (1) Identification of the specific information for which confidential treatment is sought**
The information for which the Company is seeking confidential treatment is provided pursuant to Sections 54.313 and 54.422 of the Commission's rules ("2014 Report")
- (2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission**
Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission an initial section 54.202(a) Five-Year Service Quality Improvement Plan ("Five-Year Plan") which is contained in the attachment to the 2014 Report.
- (3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged**
The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.
- (4) Explanation of the degree to which the information concerns a service that is subject to competition**
The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network. This information is both financial in nature as well as competitive as the telecommunications market is highly competitive.

(5) Explanation of how disclosure of the information could result in substantial competitive harm

The information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized consultants. Unprotected, this information provides a competitive advantage to potential competitors who would gain advanced knowledge of the Company's perceived improvement areas as well as its capital position as far as funding such upgrades. Additionally, to the extent that the Company is negotiating with vendors for some of the capital and engineering costs contained in the plan, disclosure of its target price points could possibly weaken its ability to negotiate attractive terms with its vendors.

(6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure

The Company is filing the attachment under seal. The Company protects the secrecy of this information by limiting its disclosure only to those employees of the Company that have a direct need to know.

(7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties

This information is not available to the public in any format.

(8) Justification of the period during which the submitting party asserts that material should not be available for public disclosure

Because the information is not routinely available and signals the Company's long term strategic direction, a need exists for maintaining the confidentiality of this information at any time now or in the future.

(9) Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidentiality should be granted

None.

Based on the preceding, the Company believes that good cause exists for its request and that the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment be granted confidential treatment.

Sincerely,

A handwritten signature in cursive script, reading "Eileen M Bodamer".

Eileen M Bodamer, Consultant

770-649-1886 Eileen@Bodamer.com

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	260419
<015> Study Area Name	THACKER/GRIGSBY TEL
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Eileen Bodamer
<035> Contact Telephone Number: Number of the person identified in data line <030>	7706491886 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	eileen@bodamer.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<510> <input type="checkbox"/> 260419KY510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<610> <input type="checkbox"/> 260419KY610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013																			
<010>	Study Area Code	260419																			
<015>	Study Area Name	THACKER/GRIGSBY TEL																			
<020>	Program Year	2015																			
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer																			
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.																			
<039>	Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com																			
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> (yes) <input checked="" type="radio"/> (no)																			
<111>		(yes / no) <input type="radio"/> (yes) <input type="radio"/> (no)																			
<p>If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.</p> <p>Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.</p>																					
<112>			<div>260419KY112.pdf</div>																		
		Name of Attached Document																			
<p>Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.</p> <table><tr><td><113></td><td>Maps detailing progress towards meeting plan targets</td><td><input type="checkbox"/></td></tr><tr><td><114></td><td>Report how much universal service (USF) support was received</td><td><input type="checkbox"/></td></tr><tr><td><115></td><td>How (USF) was used to improve service quality</td><td><input type="checkbox"/></td></tr><tr><td><116></td><td>How (USF) was used to improve service coverage</td><td><input type="checkbox"/></td></tr><tr><td><117></td><td>How (USF) was used to improve service capacity</td><td><input type="checkbox"/></td></tr><tr><td><118></td><td>Provide an explanation of network improvement targets not met in the prior calendar year.</td><td><input type="checkbox"/></td></tr></table>				<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>	<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>	<115>	How (USF) was used to improve service quality	<input type="checkbox"/>	<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>	<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>	<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>
<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>																			
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>																			
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>																			
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>																			
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>																			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>																			

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2014	
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	Residential Local Service Charge Effective Date
<701>	Single State-wide Residential Local Service Charge
<702>	

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com

<910>	Tribal Land(s) on which ETC Serves	
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<920>	Tribal Government Engagement Obligation	
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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1120>

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

<1130>

(1200) Terms and Condition for Lifeline Customers		FCC Form 481	
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Data Collection Form		July 2013	

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com

260419KY1210.pdf

Name of Attached Document

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
<1220>	Link to Public Website	HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	

Name of Attached Document Listing Required Information

<2021>	Interim Progress Community Anchor Institutions
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(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(ii))	<div></div> <div>Name of Attached Document Listing Required Information</div>
(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<div></div>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	<div></div> <div>Name of Attached Document Listing Required Information</div>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<div><input type="radio"/> (Yes/No)</div>
(3014)	If yes, does your company file the RUS annual report	<div><input type="radio"/> (Yes/No)</div>
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<div><input checked="" type="checkbox"/></div>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div><input checked="" type="checkbox"/></div>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div><div></div><div>260419KY3017.pdf</div><div>Name of Attached Document Listing Required Information</div></div>
(3018)	If the response is no on line 3014, is your company audited?	<div><input type="radio"/> (Yes/No)</div>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div><input type="checkbox"/></div>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<div><input type="checkbox"/></div>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<div><input type="checkbox"/></div>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<div><input type="checkbox"/></div>
(3024)	Underlying information subjected to an officer certification.	<div><input type="checkbox"/></div>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div><input type="checkbox"/></div>
(3026)	Attach the worksheet listing required information	<div><div></div><div>Name of Attached Document Listing Required Information</div></div>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	260419
<015> Study Area Name	THACKER/GRIGSBY TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035> Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Eileen M Bodamer</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Eileen M Bodamer</u>
Name of Reporting Carrier:	<u>THACKER/GRIGSBY TEL</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/26/2014</u>
Printed name of Authorized Officer:	<u>William Grigsby</u>
Title or position of Authorized Officer:	<u>Vice-President/GM</u>
Telephone number of Authorized Officer:	<u>6067852227 ext.</u>
Study Area Code of Reporting Carrier:	<u>260419</u> Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>THACKER/GRIGSBY TEL</u>
Name of Authorized Agent or Employee of Agent:	<u>Eileen M Bodamer</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/26/2014</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Eileen M Bodamer</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Authorized Agent</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>7706491886 ext.</u>
Study Area Code of Reporting Carrier:	<u>260419</u> Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<010>	Study Area Code	260419
<015>	Study Area Name	THACKER/GRIGSBY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eileen@bodamer.com

1/1/2014

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	
<703>		

[illegible]

Thacker-Grigsby Telephone Company
260419KY112

Five Year Network Improvement Plan

REDACTED

Thacker/Grigsby Telephone Company Line 510

Thacker/Grigsby Telephone Company
47 CFR§54.313(a)(5) Certification that it is complying with applicable service quality
standards and consumer protection rules
For voice and broadband services

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.” The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.² In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”

Thacker/Grigsby Telephone Company (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under the Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR). These obligations include, but are not limited to, the following:

(1) filing a Local Exchange Tariff pursuant to the requirements of KRS Chapter 278.541 to 278.544 and 807 KAR 5:011, which discloses rates, terms and conditions of service to customers;

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at 71.

(2) adherence to Kentucky state consumer protection requirements governing telephone providers which include Consumer protections as identified in KRS Chapter 278.546, Pricing Procedures as illustrated in KRS Chapter 278.542(1), and Compliance with Anti-Slamming Procedures as adopted in KRS Chapter 278.535;

(3) truth-in-billing requirements as required in 807 KAR 5:061, Section 13;

(4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy; and

(5) Records maintenance and service objectives reporting required under 807 KAR 5:061, Section 4 (4) related to the following: i) Provision of Service – 807 KAR 5:061, Section 10(1); ii) Dial Service Requirements – 807 KAR 5:061, Section 15(1) and (2); iii) Answering Time – 807 KAR 5:061, Section 22(1) and (2); and iv) Service Interruption – 807 KAR 5:061, Section 25(3) and (4).

The Company actively complies with state and federal consumer protection requirements for broadband services as may apply. Per its understanding of its requirements, the Company discloses its network management practices, performance, and commercial terms of service to its existing and potential subscribers.

Thacker/Grigsby Telephone Company
Demonstration of Ability to Function in Emergency Situations
Voice and Broadband Services
 47, Part 54, Subpart C, §54.202(a)(2)

Thacker/Grigsby Telephone Company (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ as well as and the Kentucky Administrative Regulations, 807 5:061, Section 24. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2).

The Company supports both its broadband and voice networks by deploying battery back-up capability throughout its network that allows it to remain fully operational even when power outages preclude use of an external power source. Each central office building is supplied with standby generators and battery back-up that enable the central office to keep running for at least the minimum of four (4) hours. The Company has battery backup at all office locations and in its electronic equipment sites. In addition to battery back-up at all critical network element locations, the Company has standby generators, fueled by propane and /or natural gas, capable of running at least one week before refueling would be necessary. All stand-by generators are automatically exercised once a week. If a generator malfunction occurs during test mode or during a power outage, it sends an alarm through the Company’s central office alarm system and

¹ (1) Each telephone utility shall have a written plan to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God. Each telephone utility shall train employees in procedure to be followed in an emergency. (2) All central offices and toll centers shall adequately provide for emergency power. Each central and/or toll office shall have a minimum of four (4) hours of battery reserve. In exchanges exceeding 5,000 lines and in toll offices, a permanent auxiliary power unit shall be installed. In offices without installed emergency power facilities there shall be a mobile power unit available of suitable capacity which can be delivered and connected within two (2) hours, or one-half (1/2) the battery reserve time, whichever is greater.

its technical staff is immediately notified. Many non-critical network elements also have permanent standby generators as described above. Any non-critical location which does not have a permanent standby generator has a suitable size mobile power unit available which can be operational at the site within one hour.

Critical portions of the Company's voice and broadband networks are fully redundant and / or operate in a self-healing ring configuration for instantaneous redirection of traffic / connectivity in the event of facility damage. This ability to change its call routing also allows the Company to manage traffic spikes throughout its network, as emergency situations require. The Company uses alternate carriers for broadband network diversity wherever practical.

Additionally, the Company maintains a written plan in place to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedures.



Compliance Manual for Lifeline
FCC: 47 C.F.R. §54.422(a)(2)
PSC: Thacker-Grigsby Telephone Company Tariff PSC No. 3

This Compliance Manual sets forth Company policies for our offering of the State and Federally-prescribed Lifeline programs to low-income customers within our service area. This Manual is just one part of our on-going effort to ensure that eligible consumers throughout our service area are aware of and can apply for the benefits of these programs. Further, these policies and guidelines support the internal educational and training efforts that we undertake so that we can inform potential customers of these programs.

Lifeline Coordinator

Donna Childers
606-785-9500
d.childers@tgtel.com

General Information

1. One low-income credit is available per Household and is applicable to the primary residential connection only.
2. Lifeline customer may subscribe to any local service offering available to other residence customers.
3. CCR options with Full Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.
4. The deposit requirement is not applicable to a Lifeline customer who subscribes to full toll blocking. If a Lifeline customer removes full toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.
5. The federal primary inter-exchange carrier charge (PICC) will not be billed to Lifeline customers who subscribe to full toll blocking and do not pre-subscribe to a long distance carrier(s).

General Information (continued)

6. A Lifeline subscriber's local service will not be disconnected for nonpayment of regulated toll charges. Local service may be denied for non-payment of local and miscellaneous service in accordance with Section 2 of this Tariff. Access to toll service may be denied for nonpayment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.
7. Lifeline is not available for resale.

Eligibility

To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low-income assistance programs or have income at or below 135 percent of the Federal Poverty Guidelines (*Refer to Application for details*)

1. Supplemental Security Income (SSI)
2. Supplemental Nutrition Assistance Program
3. Medicaid
4. Federal public housing / Section 8
5. Low Income Home Energy Assistance Program (LIHEAP)
6. Temporary Assistance to Needy Families program (TANF)
7. National School Lunch's free program (NSL)

All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.

1. Proof of eligibility in any of the qualifying low-income programs should be provided to the company at the time of application for service. The Lifeline credit will not be established until the Company has received proof of eligibility. If the customer requests installation prior to the company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.
2. Proof of eligibility shall be in the form of an affidavit, certifying under penalty of perjury, that the subscriber is receiving benefits under one of the qualifying programs. It is the customer's responsibility to notify the company when the customer is no longer participating in any of the qualifying programs.
3. The company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal law. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan.

Eligibility (continued)

4. When a customer is determined to be ineligible as a result of an audit, the company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.

Credit for Lifeline Service

1. Lifeline is provided as a monthly credit on the eligible residential subscriber's access line bill for local service. Service charges may be applicable for installing or changing Lifeline service.
2. Service charges do not apply for converting existing service to Lifeline.
3. The Lifeline credit passed through to the customer consists of:

	<u>Federal</u>	<u>State</u>
Lifeline Credit	\$9.25	\$3.50

REDACTED FOR PUBLIC DISCLOSURE

Thacker Grigsby Telephone Company Lifeline Eligibility Consumer Affidavit

Applicant Name: _____

Date of Birth: _____ SSN (last 4 digits): _____

Service Address:

Number Street (Apt. No) City State Zip

Is this a temporary address? ☐ Yes ☐ No Telephone No. _____

Billing Address if different from Service Address

Number Street (Apt. No) City State Zip

Billing Name on Account if different from Applicant: _____

I am applying or recertifying for Lifeline benefits based on one of the following eligibility criteria:

I am currently enrolled in an eligible program [check applicable boxes below]

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, Food Stamps) | <input type="checkbox"/> Temp. Asst. to Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> National Free School Lunch Program (NSL) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LHEAP) | <input type="checkbox"/> Low Income Federal Housing |
| <input type="checkbox"/> Emergency Aid to the Elderly, Disabled and Children (EAEDC) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Tribal offerings (Head Start or Food Distribution Program) | |

Or

I meet income eligibility requirements [complete qualification information below]

- ☐ My household is at or below 135% of the Federal Poverty Level. No. in Household: _____

Household Size (2014 data)	135% of Federal Poverty Levels
1	\$15,755
2	\$21,236
3	\$26,717
4	\$32,198
5	\$37,679
6	\$43,160
7	\$48,641
8	\$55,227
Add for each additional person after 8	\$5,481

Certifications Required for Lifeline Participants

- a. I understand that Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

Customer initials: _____

- b. I understand that only one Lifeline service is available per household (as defined as any individual or group of individuals who live together at the same address and share income and expenses) and a household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the de-enrollment from the Program.

Customer initials: _____

Continued on Page 2

c. I understand that I may not transfer my Lifeline benefit to any other person.

Customer initials: _____

d. I further understand and consent that the data included in my application will be divulged to USAC and/or its agents for purposes of verification that I am only in receipt of one lifeline benefit.

Customer initials: _____

I certify under penalty of perjury, to the following: I meet the income or program-based eligibility criteria for receiving Lifeline service as provided for herein. I further certify that I will notify Thacker Grigsby Telephone Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including if another member of my household begins receiving a Lifeline benefit. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service. The information contained in this affidavit is true and correct to the best of my knowledge. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law. I understand that I may be required to recertify my eligibility for Lifeline at any time, and my failure to recertify as to my continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to federal law §54.405(e)(4).

Applicant Signature: _____ Date: _____

Required Support

If you indicated enrollment in an **eligible program**, along with this application, please attach a photocopy (do not send an original) or fax or email of one of the following to us:

- Your current or prior year's statement of benefits from a qualifying state, federal or Tribal program; *or*
- A notice letter of participation in a qualifying state, federal or Tribal program; *or*
- A program participation document, for example, benefit card; *or*
- An official document indicating your participation in a qualifying state, federal or Tribal program

If you indicated enrollment due to Household Income below the **Federal Poverty Level**, along with this application, please attach a photocopy (do not send an original) or fax or email of one of the following to us:

- Your prior year's state, federal or Tribal tax return; *or*
- Current income statement from an employer or paycheck stub; *or*
- Social Security statement of benefits; *or*
- A Veterans Administration statement of benefits; *or*
- A retirement or pension statement of benefits; *or*
- An Unemployment or Workmen's Compensation statement of benefits; *or*
- Federal notice letter of participation in General Assistance; *or*
- A divorce decree; *or*
- A child support award; *or*
- Other official document containing income information

If you provide documentation that does not cover a full year (such as current pay stubs), you must submit three (3) consecutive months worth of the same type of document from the previous 12 months

Thacker Grigsby Telephone Company

PO Box 1410 *or* 2742 Hwy 550 E.
Hindman, KY 41822

Phone number: (606) 785-9500
Fax number: (606) 785-9521
Email: tgtel@tgtel.com

Thacker-Grigsby Telephone Company
260419KY3017

Financial Data

REDACTED